

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101594999

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5	/	/				
6	/	/				
7	/	/				
8	/	/				
9	/	/				
10	/	/				
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20		2				
21		2				
22		1				
23		1				
24		1				
25		1				
26		1				
27		2				
28		2				
29		2				
30	/	2				
31	/					
32	/					
33	/					
34	/	2				
35	/	1				
36	/	1				
37	/					
38	/					
39	/					
40	/					
41		1				
42		1				
43		1				
44		1				
45		1				
46		2				
47		2				
48		1				
49		1				
50		1				
TOTAL IND.	7					
TOTAL DEP.						
TOTAL CLAIMS	50					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		/				
53		/				
54		/				
55		/				
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						